


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000032630 1. Entity Name INTEGRATED BIOMETRIC TECHNOLOGY, LLC	
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Principal Place of Business 8665 BAY COLONY DRIVE, UNIT 1901 NAPLES, FL 34108	Mailing Address 8665 BAY COLONY DRIVE, UNIT 1901 NAPLES, FL 34108
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04062005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 31-1633561	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent STEWART, JOHN F 2121 WEST FIRST STREET FT. MYERS, FL 33901
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DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2005**

1100000310396
04/18/05-80003-012 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TENNYSON, IVAN D 8665 BAY COLONY DRIVE, UNIT 1901 NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARROLL, CHARLES R ONE ASET CENTRE, DAYTON INTL. AIRPORT DAYTON, FL 45377
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Ivan Tennyson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-14-05 239-513-084
Date Daytime Phone #